

Cook

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-040823

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 196

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti, Missouri		Length of stay in lb 9 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hayti Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Albert Middle Lewis Last Kidwell		4. DATE OF DEATH Month Oct. Day 7 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-15-1885
9. AGE (last birthday) 77		IF UNDER 1 YEAR Months 9 Days 22	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY None (retired)	
11. BIRTHPLACE (City and state or country) Auxvasse, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Albert B. Kidwell		13b. MOTHER'S MAIDEN NAME Molly Givens	
14. NAME OF HUSBAND OR WIFE Josephine R. Kidwell		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Mrs. Kidwell Hayti Rt. 1	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocardial infarct DUE TO (b) Pulmonary embolus DUE TO (c) Contusion of chest Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 3 minutes ? 3 wks	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I Fractured ribs in car accident		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or PART II of item 18.) Car wreck	
20c. TIME OF INJURY Hour 9:45 a.m. 9-15-63	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Pemiscot Co. Mo.		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION Hi US 61 + Rt U.		
21. I attended the deceased from 9-15-63 to 10-7-63 and last saw him alive on 10-7-63 Death occurred at 5:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE O. W. Cook M.D.		22b. ADDRESS Caruthersville, Mo.	
22c. DATE SIGNED 10-11-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 10-9-1963		23c. NAME OF CEMETERY OR CREMATORY Auxvasse Cemetery	
23d. LOCATION (City, town, or County) Auxvasse, Missouri		24. FUNERAL DIRECTOR LaForge Undertkg. Co. Caruthersville	
25. DATE RECD. BY LOCAL REG. 10-14-63		26. REGISTRAR'S SIGNATURE Barbara E. Sloan	

(Licensed Embalmer's Statement on Reverse Side)

OCT 24 1963

OCT 31 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Noel C. Lean

Licensed Embalmer No.

3981

P. O. Address

Caruthersville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.